

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

**Held in Conference Rooms A & B, Research & Development Centre, Kingsway, Derby,
DE22 3LZ**

On Wednesday, 26 February 2014

MEETING HELD IN PUBLIC

Opened: 1.00 pm

Adjourned: 4.50 pm

PRESENT:

Mark Todd	Chairman
Carolyn Green	Director of Nursing and Patient Experience
Steve Trenchard	Chief Executive
Caroline Maley	Non-Executive Director
Tony Smith	Non-Executive Director
John Sykes	Executive Medical Director
Maura Teager	Non-Executive Director
Claire Wright	Executive Director of Finance

IN ATTENDANCE

Graham Gillham	Director of Corporate and Legal Affairs
Carolyn Gilby	Divisional Director – Specialist Services
Miss L and Mr L	Service User and Carer (<i>item 2014/016</i>)
Gary Stokes	Head of Patient Experience (<i>item 2014/016</i>)
Kate Majid	Head of Transformation and Patient Involvement (<i>item 2014/021 and 2014/22</i>)
Sam Mortimer	Interim Manager for Urgent and Planned Care (<i>item 2014/26</i>)
Heather Pooley	Acting Service Manager, Derby City, Substance Misuse Services (<i>item 2014/26</i>)
Heather Walker	Acting Service Manager, County, Substance Misuse Services (<i>item 2014/26</i>)
Mark McKeown	Derbyshire Voice representative
C Colby	
David Waldram	
Dr John Morrissey	Amber Valley South Public Governor
Dr Nitesh Painuly	Medical and Dental Staff Governor

and other members of the Public.

APOLOGIES:

Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Helen Marks	Director of Workforce and Organisational Development
Lee O'Bryan	Interim Director of Workforce and Organisational
Lesley Thompson	Non-Executive Director

**DHCFT 2014/
015**

**CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF
INTEREST]**

Mark Todd welcomed Carolyn Green, Director of Nursing and Patient Experience to her first meeting of the Board, and members of staff and the public present.

	<p>L, accompanied by her father, was especially welcomed too and invited to present her patient story.</p> <p>Apologies: The apologies are noted above.</p> <p>Declarations of Interest: No declarations of interest were made.</p>
<p>DHCFT/2014/016</p>	<p><u>PATIENT STORY – SERVICE USER ATTENDANCE – L, WITH J, HER FATHER</u></p> <p>L explained that she had had 3 admissions to the Radbourne Unit, which she had not liked. She had now been at Audrey House for 7 months, where her experience had been really good. Her change of medication to Clozapine had helped significantly. She was now able to join in MIND walks and undertake voluntary work in a local charity shop. She explained that she is free of the side effects from the medication and is in ready contact with her support worker. Her father added that after a traumatic start with some failures in her treatment, L had finally “got there”. Asked by Maura Teager whether she felt safe, L said “not entirely” and that she sometimes had felt threatened by other service users. However, Audrey House was a different environment where she was able to use the garden and she had now moved to her own flat. She was expecting a new Care Plan next month and felt that she owned it. Her experience of being secluded whilst unwell as an inpatient still haunted her. L also described the monitoring of her medication and said that she was thankful for the medication that she was now receiving.</p> <p>Members of the Board expressed their great appreciation to L and her father for taking the trouble to attend the Board to describe their experiences.</p> <p>Reflecting on L’s story, members of the Board felt that there were positive points regarding engagement and her experience in Audrey House, and that L’s experience of seclusion fits with the current aim to reduce its use.</p>
<p>DHCFT 2014/017</p>	<p><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 29 January 2014</u></p> <p>The minutes of the Board Meeting, held on 29 January 2014, were accepted and approved.</p>
<p>DHCFT 2014/018</p>	<p><u>MATTERS ARISING – ACTIONS MATRIX</u></p> <p>The following were noted:</p> <p><u>DHCFT/2013/038: Community Treatment Orders report</u> – Action now completed.</p> <p><u>DHCFT/2013/39: Centre for Research Strategic Plan-</u> update: John Sykes has refreshed the Centre for Research and Development Strategy. Action is now completed.</p> <p><u>DHCFT/2013/40: People Strategy Update</u> – delayed in development due to sickness absence within H.R. An outline plan is now being formed and due to come to the April Board meeting.</p> <p><u>DHCFT/2013/40: Raising Concerns</u> – the report to the Quality Committee has been delayed to April 2014 due to agenda pressure following the postponement of meetings.</p> <p><u>DHCFT/2013/51: Improving access to Board meeting -</u> Tweeting is now taking place live from the Board meetings. Action completed.</p> <p><u>DHCFT/2013/115: Deaf People and Hearing Impaired Charter</u> – update: this Charter is due to be signed by the Board in May 2014.</p>

	<p>DHCFT/2013/116: Quality Committee - update: agenda paper for Board meeting 26 February 2014 submitted. Further discussions to take place at the Quality Committee meeting of 13 March 2014.</p>
<p>DHCFT 2014/019</p>	<p><u>CHIEF EXECUTIVE'S REPORT</u></p> <p>a) In his monthly report Steve Trenchard presented significant national initiatives including “Closing the Gap”: Priorities for essential change in Mental Health Services, the Government’s new mental health strategy whereby parity of esteem between physical and mental health is made a legal obligation. The Quality Committee would be reviewing the Trust’s position against 25 areas for rapid improvement set out in the strategy.</p> <p>The Mental Health Network and Foundation Trust Network had made representations to Monitor on behalf of Non-Acute Trusts regarding the differential tariff applied at a higher rate to mental health and community trusts than to acute trusts. Steve Trenchard had raised concerns with local commissioners to ensure that the national commitments to parity of esteem and the new national mental health strategy were supported.</p> <p>A report by the King’s Fund predicted one fifth of Trusts expecting to be in deficit at the financial year end, including a significant number in the Midlands. Tony Smith raised the question of quality impact assessments and whether quality could still be maintained whilst year-on-year cost improvements continue. Steve Trenchard responded that there are already cost improvements where quality can no longer be guaranteed and difficult choices lie ahead.</p> <p>b) The Transformation Change Board in overseeing the work of Patient Pathway Teams had established an Operational Delivery Group to gain greater traction on the service changes required to deliver transformational changes.</p> <p>In partnership with Derbyshire Constabulary the Street Triage Pilot had been launched to improve the way in which people with mental health problems are treated in emergency situations, when in contact with the Police. Board members were already aware of the positive impact of this trial and looked forward to receiving the results of the assessment of the pilot in due course.</p> <p>A workshop had been held with a group of inpatient staff at the Radbourne Unit over their concerns at the Trust’s intention to cease the use of seclusion and radically reduce the use of forced restraint. This was an issue for the whole urgent care pathway, and rather than ceasing it on 31st March 2014, the approach would be reframed through safe and carefully considered interventions backed up by a review of the environment, practices and training. Staff have demonstrated their commitment to compassion but Teams needed support and the new training required validation.</p> <p>Relating this situation to the patient’s story presented earlier, Maura Teager commented on the balance between the perceptions of patient’s own experiences and how we protect them and others. Steve Trenchard quoted the NHS pledge, which is to support teams in reducing the use of force and seclusion, but not to compromise on the safety of patients and staff.</p> <p>Responding to Caroline Maley’s question about practice elsewhere, Steve Trenchard said that this had been taken into account notably at a national conference hosted by the Trust last year, which the Department of Health lead for seclusion had addressed.</p> <p>Carolyn Green commented that few trusts’ had yet completely eradicated seclusion. The Trust was already on the way to doing so. She was enthused by the work to date and looking forward to working with Derbyshire Voice on the issue. Data on the use of seclusion, it was noted, was available to the Board and Tony Smith confirmed this was already reviewed by the Mental Health Act Committee, which would continue to lend its support on this matter.</p>

	<p>The Trust would be taking the opportunity to comment on Derbyshire County Council's Consultation on the future of local authority provided services "A Fair Deal for Derbyshire: Building a Better Future Together", in which the challenge of cutting a third of current spending by 2018 is addressed. Mark Todd, Maura Teager and Carolyn Green agreed to contribute to the Trust's response, which would confirm our desire to work together and be a good partner.</p> <p>Having considered the range of current national and local issues presented by the Chief Executive the Board resolved to receive the Chief Executive's monthly report.</p>
<p>DHCFT 2014/020</p>	<p><u>QUALITY COMMITTEE</u></p> <p>Maura Teager expressed concern of the recent cancellation of the Committee meeting, due to a clash of commitments. Carolyn Green will be discussing with her the next steps for this Committee.</p>
<p>DHCFT 2014/021</p>	<p><u>TRANSFORMATION CHANGE PROGRAMME</u></p> <p>Kate Majid, Head of Transformation and Patient Involvement, presented the Transformation Change Programme Report, the purpose of which was to provide high level of assurance of transformation to the Board.</p> <p>A proposal to increase the focus on delivery of the transformational change programme had resulted during January in a number of changes: the Board to be renamed Transformation Board, to meet quarterly with responsibility for monitoring progress and ensuring engagement is maintained with internal and external stakeholders. A newly formed Operational Delivery Group would have responsibility to commission work streams and monitor progress. Final cost improvement targets were confirmed in January and shared with the Partnership and Pathway Teams. It was anticipated that in Year one 15 % of benefits realised would be transformational and 85 % transactional schemes to support efficiency savings. Four Partnership and Pathway Teams (PPT's) had presented proposed plans during February: Eating Disorder Services, Older Adults, Perinatal Services and Learning Disabilities Services. All plans were supported to enter the next phase of development.</p> <p>Each of the PPT's had presented a 5 year vision for their service:</p> <p>For Learning Disabilities, this was to continue a bed-less service with rapid assessment and crisis intervention; to develop a hub and spoke model of assessment and to develop new pathways with clarity for users and carers and defined resource requirements.</p> <p>For Older People, their vision was to move to an ageless service, changing the current service structure for people with functional disorders; to develop the Memory Assessment service model to improve equity; to refocus resources to provide better support to keep people safely in their own homes; to increase a community focus and provide improved engagement through reducing administrative time for clinicians.</p> <p>The Eating Disorder Service vision was to further develop partnerships and peer support, review care pathway, refine the service specification and improve links with younger persons' services.</p> <p>For Perinatal Services the key elements were to improve service receiver and carer involvement and to develop use of volunteers and peer support workers to develop partnerships and to map services to seek further efficiencies.</p> <p>In taking account of the Transformation Change Report, Maura Teager asked how engaged external partners were in the process and whether they felt vulnerable. Kate Majid said that this varied depending on the PPT's. Through careful negotiation it was hoped to alleviate their anxieties. Carolyn Green said that she would be looking with John Sykes at the decision-making process around quality impact assessments to see where there was need to mitigate risk.</p>

	<p>The Chairman enquired as to the membership and involvement of stakeholders in the Transformation Board and obligations on confidentiality and received assurances on these points. Directors also commented on the need to deliver assistance to teams, given the scale of change, and more assessment of the impact appeared to be required. Further PPT's dates were due to be circulated in April.</p> <p>RESOLVED: To acknowledge and accept the report on the Transformation Change Programme.</p>
<p>DHCFT/2014/ 022</p>	<p><u>IMPLEMENTATION OF TRUST STRATEGY: "IMPROVING LIVES, STRENGTHENING COMMUNITIES, GETTING BETTER TOGETHER 2013-16, QUARTER 3 FEBRUARY 2014"</u></p> <p>Introducing the Quarter 3 Review of the Trust Strategy, Kate Majid reminded the Board of the strategic outcomes upon which the Strategy is founded: that people receive the best quality care, that is joined up and easy to access, the public have confidence in their healthcare and developments, and care is delivered by empowered and compassionate teams.</p> <p>On the achievement of the outcomes and "delivery pillars" the current position was 25 actions green, 6 actions ahead of plan blue, and 3 actions behind plan. It was recognised that some measures had proved to be difficult to evaluate due to the absence of measurable data and as part of the review of the strategy these would be revised in narrative form at the end of year one. Steve Trenchard invited comments on the detail presented on the execution of the Strategy to date. Caroline Maley felt it was a challenging presentation to assimilate and could be more clearly presented. Mark Todd commented that he would expect the strategy to have an interface with the Board Assurance Framework as an evidence base. Claire Wright added that the Board Assurance Framework is already aligned with the Strategy and the review of this is now to be managed at the Audit Committee.</p> <p>In summary Steve Trenchard thought it positive to review the strategy with better signposting and revised metrics. It would be helpful for the Board Assurance Framework and Strategic updates to be received at the same meeting.</p> <p>The Research and Development Strategy which was overdue for consultation, was currently being refreshed.</p> <p>The single Electronic Patient Record, currently behind plan, was a clear outcome to support integrated pathways and it was noted that an internal audit review was due to be considered by the Audit Committee on 2nd April 2014.</p> <p>Noting that the Quarter 4 review would be due in June 2014, the Board resolved to receive note of the content of the progress report on the implementation of the Trust Strategy and actions identified.</p>
<p>DHCFT 2014/ 023</p>	<p><u>SAFEGUARDING CHILDREN REPORT ON SERIOUS CASE REVIEWS</u></p> <p>The Trust Board received in full the final overview reports of recent Serious Case Reviews, published respectively by the Local Safeguarding Children Boards for City and County: ED12, BDS 12 and BDS10. The accompanying paper explained the circumstances in which Serious Case Reviews are undertaken and the Trust's involvement in these cases, together with other local partner organisations. The Trust had in place processes that reflect the importance of safeguarding and promoting the welfare of children, including clear lines of accountability for the provision of service and a board level lead to take responsibility for safeguarding. The "Think Family" principles had been promoted as a direct result of these Serious Case Reviews. The Chairman said that it was right that such reports should be addressed in public and the Board welcomed the opportunity to study the reports in full. However, additional information was required on the expectations of the Trust in taking actions and how they had been embedded. This was necessary to provide the requisite level of assurance for the Trust Board.</p> <p>Accepting this, Carolyn Green said that she would expect a Quarterly Report on Safeguarding with work plans integrated with the Serious Incident Process. Carolyn Green and John Sykes to work in partnership on a potential solution to integrate this work. Maura Teager commented that the Trust was in a key position to exert influence in safeguarding adults and children and the Board should need to be satisfied as to the sustainability of</p>

	<p>improvements. Care should also be taken that changes in the Health and Social Care provision should not widen risks.</p> <p>RESOLVED: To receive the recent Serious Case Reviews and expect further reports on consolidated actions arising</p>
<p>DHCFT 2014/024</p>	<p><u>TRUST REPORT TO THE FRANCIS REPORT</u></p> <p>The purpose of the report, presented by Carolyn Green, was to provide to the Board an annual account of the Trust work in response to the Francis Report in the year following its publication. The report charted progress against the 5 themes taken directly from the Francis report:</p> <ol style="list-style-type: none"> 1. Clearly understood fundamental standards and measures of compliance 2. Openness, transparency and candour 3. Compassionate caring and committed nursing 4. Strong at patient centred health care leadership 5. Accurate, useful and relevant information <p>Two phases of Listening Events had taken place (February and September 2013). Though attendance was varied, the overarching theme from these events was the importance of engagement with staff, patients and their families. All feedback from the first year is now being considered by the Clinical Cabinet.</p> <p>Our commissioners were pleased at the Trust's early initiative in holding listening events and the time devoted to this. For year two it was proposed that the 5 themes should be encompassed into work plans within the Quality Governance structure. It would also be extended to include guidance and reviews such as Keogh and Berwick. It was also intended to improve the integration of the Quality Visit Programme. Caroline Maley suggested that the development of harder measures would be of benefit in assessing the difference made.</p> <p>The Chairman raised the question of how new members of staff were supported in the Trust culture in the early stages of their employment. Examples cited by Steve Trenchard included preceptorship for new nurses, meetings now taking place with Junior Doctors, focus groups for new starters and the Healthcare Assistants Group, which had proved of value as a reference group. Maura Teager also commended the work done with Facilities frontline staff, led by Liz Bates, Deputy Head of Estates and Facilities.</p> <p>A recent workshop on engagement had shown an improved overall score, with appraisals being the main area for development. The Trust was identified as one of the top 10 on improving engagement. Tony Smith supported the approach taken in the Trust response, which reflected the work done by the Board on Values and Engagement.</p> <p>RESOLVED: to receive and note the Annual Report on the Trust's response to the Francis Report in Year One and to look forward to further reports.</p>
<p>DHCFT 2014/025</p>	<p><u>COMMUNITY TREATMENT ORDERS REPORT: "HOW ARE WE DOING"</u></p> <p>On behalf of Dr Rais Ahmed and Dr Ritu Gupta, Dr John Sykes presented the result of a detailed audit of Community Treatment Orders practice in the Trust during a study period from August 2011 to July 2013. The audit, already presented to the Mental Health Act Committee, had been undertaken in part in response to the Care Quality Commission's concerns in respect of the effectiveness of Community Treatment Orders, particularly with regard to Care planning, patient involvement and consent to treatment.</p> <p>Dr Sykes said that the evidence from patients was that they found Community Treatment Orders restrictive, they tend to get recalled after relapse rather than before and there is poor evidence of family involvement. The Board in receiving the report noted that the findings were due to be presented to the Consultancy PD meeting in March 2014 with a view to improving data quality for further evaluation and agreeing a consensus position on the future use of Community Treatment Orders in the Trust.</p> <p>RESOLVED: To note the report and further work throughout medical structure.</p>

INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY – MONTH 10

The Board received the Key Performance Indicators Compliance Report for February 2014, organised in 3 parts:

- 1) Trust Performance Dashboard
- 2) Exceptional items and specific areas of interest
- 3) Deep Dive Report into specific Service Lines.
 - a. Urgent and Planned Care Services Division South
 - b. Specialist Services – Substance Misuse

I. Trust Performance Dashboard – Exception Items

In his report Ifti Majid drew attention to the performance on discharge and outpatient letters, which had shown a decline. The systems were in transition with 2 currently operating: the implementation of the fax discharge letter was proving successful with 100 % of fax letters being sent within 10 days. Digital dictation implementation was continuing to be rolled out. The Chairman commented that the Board would expect to see a turnaround and improvement in the performance by April 2014.

II. Service Lines – Deep Dive Report – Urgent and Planned Care Services, Division South

Sam Mortimer, interim manager of Urgent and Planned Care, was welcomed for this item. Since the previous report in June 2013, all red actions have moved to amber. Discharge summaries were faxed within 5 days, although the 5 day target for full discharge letters presented a challenge. A high demand for adult acute beds was experienced over a sustained period, though the Teams had shown a reduction in the use of out of area beds through robust bed management. The opening of a new ward and pathway development should ensure that there is a continued reduction in the use of out of area beds. Turning to the Human Resources Section of the report, the Chairman commented on sickness absence in which the target had been exceeded. The Board learned that this had been addressed through the commencement of Schwartz Rounds, added supervision in inpatient areas and the support of psychologists in group sessions for staff. Individual Performance Review completion had dipped whilst the division was without a Service Line Manager but this was now on track. Some usage of Bank and Agency staff had occurred through increased activity related to observations and maternity leave but it was anticipated that the new ward would operate without the use of Bank staff.

III. Specialist Services Division – Substance Misuse

Helen Pooley, Acting Service Manager, Derby City and Heather Walker, Acting Service Manager, County, were welcomed for this item.

A summary description was presented of the services provided by Derby City and Derbyshire County Adult Consortia respectively. The Specialist Community Alcohol Misuse Service (SCAMS) provided comprehensive assessment and treatment interventions to complex alcohol users, in Derby City, however, his service was due to cease on 31 March 2014 due to the commissioner's decision not to award new contracts.

From the County dashboard it was noted that the percentage of new presentations offered HB vaccinations was slightly below target due to data input issues. The percentage of opiate successful completions was also due to improve in the next quarter. The use of premises at St Andrews House in Derby City was generally felt to have had a positive impact on service experience.

The cessation of the Specialist Community Alcohol Misuse Service was a matter of concern to the Board. It was understood that a quality impact assessment had been identified but was not available to the Trust. The Chairman felt that though Derby City Council are clearly important partners, their approach nevertheless may need to be debated in a public forum, for example the Overview and Scrutiny Committee. Asked about the reaction of the Team, Carolyn Green commented that the staff, who embraced a range of skills, were proving resilient and it was hoped that they would be retained.

	RESOLVED: To acknowledge the current performance of the Trust and note the actions in place to ensure a sustained performance.
DHCFT 2014/027	<p><u>FINANCE AND PERFORMANCE COMMITTEE REPORT</u></p> <p>The Chairman reported on the business discussed at the Finance and Performance Committee on the 18 February 2014.</p> <p>A self-assessment toolkit, commissioned by Monitor, on the quality of forward planning by Trusts, had been completed and raised a number of challenges. Work on the Trust's Annual Forward Plan had progressed with a view to presenting to the Council of Governors on the 11 March 2014. The key financial risks and mitigations for 2014/15 were presented and discussed by the Committee. The Committee had received a verbal appraisal on the turnaround of Substance Misuse and Children's Services. Discussions also took place on how to utilise contingency provisions. A lengthy discussion also took place on the purpose and working model for the Committee.</p>
DHCFT/2014/028	<p><u>FINANCE DIRECTOR REPORT – MONTH 10</u></p> <p>In her monthly report, Claire Wright announced the year to date financial position at January at an underlying surplus of £ 1.8 million, with a surplus outturn forecast of £ 1.9 million (£ 0.6 million ahead of plan). The Monitor Continuity of Service Risk rating remained at 3 as planned. At its Quarter 3 review with the Trust Monitor were satisfied with this position. The Cost Improvement Programme was slightly behind plan but forecast to achieve a 100 % at the end of the year. The cash balance was £ 1.7 million above plan and the Capital Programme was also forecast to deliver fully.</p> <p>Noting the overall favourable position, the Board resolved to note the financial position at Month 10 and forecast year end position.</p>
DHCFT/2014/029	<p>REVIEW OF COMMITTEE STRUCTURE AND NON-EXECUTIVE DIRECTOR MEMBERSHIP OF BOARD COMMITTEES</p> <p>I. <u>Review of Committee Structure</u> At the meeting on the 28 May 2013, the Board had approved the establishment of a Finance and Performance Committee and Quality Committee. At that time, the Board requested an interim review after 6 months to ensure the arrangements were working effectively. With regard to the Quality Committee a number of changes had already taken place, in consultation with the Committee Chairman, from which a new sub-structure had emerged, as per the diagram on enclosure M of the Board Papers. Service receivers and carer representatives had now joined the Quality Committee. Recognising that the Audit Committee would continue to serve as the senior independent review committee of the Trust, the Board also supported the proposal to reduce the frequency of the meetings of the Finance and Performance Committee and the Quality Committee from monthly to bi-monthly. The responsibility for review of the Board Assurance Framework would also revert to the Audit Committee from 2014/15.</p> <p>II. <u>Nomination of Non-Executive Directors to Trust Committees</u> These positions were nominated as follows: <i>Audit Committee:</i> Caroline Maley (Chairman), Maura Teager and Tony Smith <i>Finance and Performance Committee:</i> Lesley Thompson (Chairman), Mark Todd and Caroline Maley <i>Quality Committee:</i> Maura Teager (Chairman), Tony Smith and Lesley Thompson <i>Mental Health Act Committee:</i> Tony Smith (Chairman), Mark Todd and Maura Teager</p> <p>III. <u>Non-Executive Director Vacancies</u> The Nominations Committee of the Council of Governors would shortly be overseeing the process for the appointment of 2 Non-Executive Director posts</p>

	<p>falling vacant in 2014. Taking account of the skill set of the present Non-Executive Directors and the current challenges posed nationally and locally members of the Board had considered the principal requirements for the person specifications for the coming positions as follows:</p> <ul style="list-style-type: none"> • Commercial or business experience, particularly in growth and strategy • Marketing or entrepreneurial skills • Experience in leading partnerships and collaborations, especially across local authority or the independent sector • Community and social influence • Benefits of diversity on the Board to be actively encouraged throughout the search and recruitment process. • “Fit and proper” person (in accordance with licence conditions) <p>With regard to the recruitment process, the Board’s view was that this should be undertaken utilising internal resources and maximising community networks. The Board recognised the wish that had been expressed for a service user/carer representative to fill a Non-Executive vacancy. The Board would welcome lived experience in any application, however, the requisite criteria for the Non-Executive Director position would still need to be fulfilled. It was felt not good practice to recognise an individual representative within the setting of a unitary Board with shared liability. Maura Teager commented that it was an individual matter for persons whether they wished to share their lived experience or not. The important matter was that their behaviour was in line with the Trust values.</p> <p>The Governors Nominations Committee was due to be re-appointed on 11 March 2014 whereupon a meeting would be arranged to commence management of the recruitment process.</p> <p>RESOLVED: To approve the emerging structure for the Quality Committee To approve the Finance and Performance Committee and Quality Committee to continue to meet but at bi-monthly intervals To require the Board Assurance Framework to be reviewed regularly by the Audit Committee, prior to submission to the Board To approve the nomination of Non-Executive Directors to the respective Committees as above To agree to present to the Governors Nominations Committee the views of the Board of Directors on the person specifications for non-executive vacancies</p>
<p>DHCFT/2014/030</p>	<p><u>REPORT OF THE AUDIT COMMITTEE</u></p> <p>Caroline Maley, Audit Committee Chairman, reporting on the meeting of the 10 February 2014, said useful benchmarking data for Mental Health Trusts had been provided by the Auditors. The internal audit plan was being progressed and it was noted that timelines in reports needed to be realistic for completion. Looking ahead, the Audit Committee would be preparing a cycle of work in order to schedule meetings accordingly to include the regular review of the Board Assurance Framework.</p>
<p>DHCFT/2014/031</p>	<p><u>OBSERVATIONS OF THOSE IN ATTENDANCE TO THE MEETING</u></p> <p>The Chairman invited those present at the meeting to provide comments to the meeting. The following was raised:</p> <ol style="list-style-type: none"> I. A glossary of terms was requested II. A request was also made for a refreshment break during a long meeting III. The inclusiveness of the meeting was welcomed with much business conducted appropriately in public
<p>DHCFT 2014/032</p>	<p><u>CLOSE OF THE MEETING</u></p> <p><i>The Chairman, under the Foundation Trust’s Constitution, asked that members of the press or public withdraw for the Board to conduct its remaining business in confidence, as special reasons apply. On this occasion the special reason applies to information which is likely to reveal the identities of an individual or commercial bodies.</i></p> <p>The Chairman thanked all those present for their attention and closed the meeting.</p>

